



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | | | |
|--------------------------------------------------------|------------|------------------------------------|--------------------------|------------------|--------------------------|------------------|-------------------------------------|-----------------|--------------------------|
| Filer Identification Number | 81-5055768 | Report Filed By (Mark X) | <input type="checkbox"/> | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | Committee To Elect Thomas Carlotti | | | | | | | |
| Street Address | | 1903 West 8th Street PMB 235 | | | | | | | |
| City | Erie | State | PA | Zip Code | 16505 | | | | |

Type of Report (Place x under report type)

| | | | | | | | | |
|----------------------------------------------|---------------------------------------------|-------------------------------|------------------------------------------------|-----------------------------------------------|--------------------------------|--------------------------|---------------------------------------------------|-------------------------------------|
| 1- 6th Tuesday Pre-Primary | 2- 2nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6th Tuesday Pre- Election | 5- 2nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2nd Friday Pre-Election | Special 30 Day Post-Election |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | 11/07/2017 | Year | 2017 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| | | | |
|-----------------------------------------------------------------------|------------------|----------------|------------------------------------------------------------------------------------|
| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
| | 06/06/2017 | 10/23/2017 | |
| A. Amount Brought Forward From Last Report | \$ | 3,733.7 | <p>2017 OCT 24 AM 9:27</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> <p>/s/</p> |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 6,230 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 9,963.7 | |
| D. Total Expenditures (From Schedule III) | \$ | 1,732.66 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 8,131.04 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 39.4 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0 | |

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

24 day of October 20 17

Sonia Wilt
Signature

My Commission expires 4-3-19
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Tonia Wilt, Notary Public
City of Erie, Erie County
My Commission Expires April 3, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Kathleen Carlotti
Signature of Person Submitting report
KATHLEEN CARLOTTI
Printed Name

Area Code 814
Daytime Telephone Number 456-2114

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

24 day of October 20 17

Sonia Wilt
Signature

My Commission expires 4-3-19
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Tonia Wilt, Notary Public
City of Erie, Erie County
My Commission Expires April 3, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Thomas E. Carlotti
Signature of Candidate
THOMAS E. CARLOTTI
Printed Name

Area Code 814
Daytime Telephone Number 456-2114

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

| | | |
|------------------------------------|------------|--|
| Filer Identification Number | 81-5055768 | |
|------------------------------------|------------|--|

| | | |
|---------------------------------------------------------------------------------|-----|--------|
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | |
| Total for the reporting period | (1) | \$ 430 |

| | | |
|-------------------------------------------------------------------------|-----|----------|
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | \$ | |
| All Other Contributions (Part B) | \$ | 1,500 |
| Total for the reporting period | (2) | \$ 1,500 |

| | | |
|----------------------------------------------------------------|-----|----------|
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | \$ | |
| All Other Contributions (Part D) | \$ | 4,300 |
| Total for the reporting period | (3) | \$ 4,300 |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period | (4) | \$ 0 |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | | \$ 6,230 |

PART A
Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

| | | | | | | | | | | | |
|------------------------------------|--|------------|--|--|--|--|--|--|--|--|--|
| Filer Identification Number | | 81-5055768 | | | | | | | | | |
|------------------------------------|--|------------|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | Amount | |
|--------------------------------------------|--|-----------------------|--|--------------|--|--------------------------|--|----|--------------------------|--------|--|
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | |
| City | | | | State | | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | |
| City | | | | State | | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | |
| City | | | | State | | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | |
| City | | | | State | | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | |
| City | | | | State | | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | |
| City | | | | State | | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | |

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| | |
|-------------------------------------|------------|
| Filer Identification Number: | 81-5055768 |
|-------------------------------------|------------|

| | | | | | | | |
|---------------------------------|------|----------------------------|---------------------|--------------------------|------------|--------------------------|-----|
| Full Name of Contributor | | Bonnie Clark | | Date [MM/DD/YYYY] | 06/08/2017 | \$ | 100 |
| House # | 225 | Street Address | Frontier Drive | Date [MM/DD/YYYY] | 08/02/2017 | \$ | 100 |
| City | Erie | State | PA | Zip Code | 16505 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | Michael Colpoys | | Date [MM/DD/YYYY] | 06/12/2017 | \$ | 200 |
| House # | 5841 | Street Address | Cobblestone Drive | Date [MM/DD/YYYY] | | \$ | |
| City | Erie | State | PA | Zip Code | 16509 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | James and Barbara McNamara | | Date [MM/DD/YYYY] | 06/22/2017 | \$ | 250 |
| House # | 944 | Street Address | West Arlington Road | Date [MM/DD/YYYY] | | \$ | |
| City | Erie | State | PA | Zip Code | 16509 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | Mark and Jean Bracalento | | Date [MM/DD/YYYY] | 08/26/2017 | \$ | 150 |
| House # | 521 | Street Address | Shenley Drive | Date [MM/DD/YYYY] | | \$ | |
| City | Erie | State | PA | Zip Code | 16505 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | Rebecca Johnson | | Date [MM/DD/YYYY] | 09/13/2017 | \$ | 100 |
| House # | 1950 | Street Address | South Shore Drive | Date [MM/DD/YYYY] | | \$ | |
| City | Erie | State | PA | Zip Code | 16505 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | Daniel Doyle | | Date [MM/DD/YYYY] | 10/12/2017 | \$ | 250 |
| House # | 1850 | Street Address | South Shore Drive | Date [MM/DD/YYYY] | | \$ | |
| City | Erie | State | PA | Zip Code | 16505 | Date [MM/DD/YYYY] | \$ |

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| | |
|-------------------------------------|------------|
| Filer Identification Number: | 81-5055768 |
|-------------------------------------|------------|

| | | | | | | | | | | |
|---------------------------------|----------|-----------------------|----|-----------------|---------------|--------------------------|--------------------------|------------|----|-----|
| Full Name of Contributor | | | | | Carol Cicero | | Date [MM/DD/YYYY] | 10/16/2017 | \$ | 250 |
| House # | 6003 | Street Address | | Millfair Road | | Date [MM/DD/YYYY] | | \$ | | |
| City | Fairview | State | PA | Zip Code | 16415 | Date [MM/DD/YYYY] | | \$ | | |
| Full Name of Contributor | | | | | David Sherman | | Date [MM/DD/YYYY] | 10/15/2017 | \$ | 100 |
| House # | 4011 | Street Address | | Trask Avenue | | Date [MM/DD/YYYY] | | \$ | | |
| City | Erie | State | PA | Zip Code | 16508 | Date [MM/DD/YYYY] | | \$ | | |
| Full Name of Contributor | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | |
| Full Name of Contributor | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | |
| Full Name of Contributor | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | |
| Full Name of Contributor | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | |

PART C
Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

| | |
|------------------------------|------------|
| Filer Identification Number: | 81-5055768 |
|------------------------------|------------|

| | | | | | | | |
|--------------------------------------------|----------------|-------|----------|-------------------|-------------------|----|--|
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | | |

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

| | |
|-------------------------------------|------------|
| Filer Identification Number: | 81-5055768 |
|-------------------------------------|------------|

| | | | | | | | | | |
|---------------------------------------------------------------|--------|-----------------------|----|-------------------------------------------------------------|-------|--------------------------|--|--------------------------------------|--|
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| John Nolan | | | | | | 06/20/2017 | | 1,000 | |
| House # | 14820 | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| | | Lochinvar Drive | | | | | | | |
| City | Dallas | State | TX | Zip Code | 75254 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Employer Name | | | | NOW Specialties | | Occupation | | Owner/Operator | |
| Employer Mailing Address / Principal Place of Business | | | | 2122 Country Club Drive, Suite 300, Carrollton, Texas 75006 | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| Sherry Nolan | | | | | | 08/15/2017 | | 1,000 | |
| House # | 14820 | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| | | Lochinvar Drive | | | | | | | |
| City | Dallas | State | TX | Zip Code | 75254 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Employer Name | | | | NOW Specialties | | Occupation | | Company President | |
| Employer Mailing Address / Principal Place of Business | | | | 2122 Country Club Drive, Suite 300, Carrollton, Texas 75006 | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| Carl M. Carlotti | | | | | | 09/28/2017 | | 1,000 | |
| House # | 810 | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| | | Stockbridge Drive | | | | | | | |
| City | Erie | State | PA | Zip Code | 16505 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Employer Name | | | | National Fuel Gas | | Occupation | | President / Distribution Corporation | |
| Employer Mailing Address / Principal Place of Business | | | | 365 Mineral Springs Road, Buffalo NY 14210 | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| Michael Donikowski | | | | | | 10/04/2017 | | 500 | |
| House # | 4804 | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| | | Wolf Road | | | | | | | |
| City | Erie | State | PA | Zip Code | 16505 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Employer Name | | | | | | Occupation | | Retired | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | | |

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

| | |
|------------------------------|------------|
| Filer Identification Number: | 81-5055768 |
|------------------------------|------------|

| | | | | | | | |
|--------------------------------------------------------|---------|-------------------------------------|----|-------------------|------------|-------------------|-----|
| Full Name of Contributor | | Everett Walker | | Date [MM/DD/YYYY] | 10/04/2017 | \$ | 300 |
| House # | 2800 | Street Address | | West 21st Street | | Date [MM/DD/YYYY] | \$ |
| City | Erie | State | PA | Zip Code | 16505 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Walker Properties | | Occupation | | Executive | |
| Employer Mailing Address / Principal Place of Business | | 2800 West 21st Street Erie PA 16505 | | | | | |
| Full Name of Contributor | | Brian Candela | | Date [MM/DD/YYYY] | 10/09/2017 | \$ | 500 |
| House # | 6315 | Street Address | | Donegal Drive | | Date [MM/DD/YYYY] | \$ |
| City | Orlando | State | FL | Zip Code | 32819 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Sara's Campground | | Occupation | | Owner | |
| Employer Mailing Address / Principal Place of Business | | 50 Peninsula Drive, Erie PA 16505 | | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| | |
|------------------------------|------------|
| Filer Identification Number: | 81-5055768 |
|------------------------------|------------|

| | | | | | | | | | |
|---------------------|--|----------------|-------|--|----------|--|-------------------|----|--|
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Receipt Description | | | | | | | | | |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

| | |
|------------------------------|------------|
| Filer Identification Number: | 81-5055768 |
|------------------------------|------------|

| | | |
|----------------------------------------------------------------------------------------------|-----|----------|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period | (1) | \$ 39.40 |

| | | |
|-------------------------------------------------------------------------------------|-----|----|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the reporting period | (2) | \$ |

| | | |
|---------------------------------------------------------------------------|-----|----|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) | | |
| TOTAL for the reporting period | (3) | \$ |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F) | | \$ 39.40 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

| | |
|-------------------------------------|------------|
| Filer Identification Number: | 81-5055768 |
|-------------------------------------|------------|

| | | | | | | | |
|------------------------------------|--|-----------------------|--|-----------------|--------------------------|----|--|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| Description of Contribution | | | | | | | |

| | | | | | | | |
|------------------------------------|--|-----------------------|--|-----------------|--------------------------|----|--|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| Description of Contribution | | | | | | | |

| | | | | | | | |
|------------------------------------|--|-----------------------|--|-----------------|--------------------------|----|--|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| Description of Contribution | | | | | | | |

| | | | | | | | |
|------------------------------------|--|-----------------------|--|-----------------|--------------------------|----|--|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| Description of Contribution | | | | | | | |

| | | | | | | | |
|------------------------------------|--|-----------------------|--|-----------------|--------------------------|----|--|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| Description of Contribution | | | | | | | |

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

| | |
|------------------------------|------------|
| Filer Identification Number: | 81-5055768 |
|------------------------------|------------|

| | | | | | | |
|--------------------------------------------------------|----------------|----------|-----------------------------|-------------------|----|----|
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | |
| Employer Name | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | Description of Contribution | | | |
| | | | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | |
| Employer Name | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | Description of Contribution | | | |
| | | | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | |
| Employer Name | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | Description of Contribution | | | |
| | | | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | |
| Employer Name | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | Description of Contribution | | | |
| | | | | | | |

SCHEDULE III
Statement of Expenditures

| | |
|-------------------------------------|------------|
| Filer Identification Number: | 81-5055768 |
|-------------------------------------|------------|

| | | | | |
|---------------------|------------------------------------|-----------------------------------|--------------------------------------------|--------|
| To Whom Paid | Raise the Money Inc. | Date [MM/DD/YYYY] | \$ | |
| | | 6/21/2017 | | 49.25 |
| House # | Street Address | Description of Expenditure | | |
| | P.O. Box 26466 | | | |
| City | State | Zip Code | | |
| Little Rock | AR | 72221 | Processing fee for online donations | |
| To Whom Paid | Sticker Mule | Date [MM/DD/YYYY] | \$ | |
| | | 7/28/2017 | | 57 |
| House # | Street Address | Description of Expenditure | | |
| 411 | Lafayette Street 6th floor | | | |
| City | State | Zip Code | | |
| New York | NY | 10003 | Political Buttons | |
| To Whom Paid | Printing Concepts Inc. | Date [MM/DD/YYYY] | \$ | |
| | | 8/1/2017 | | 584.06 |
| House # | Street Address | Description of Expenditure | | |
| 4982 | Pacific Avenue | | | |
| City | State | Zip Code | | |
| Erie | PA | 16506 | Printing of campaign door hangers | |
| To Whom Paid | Sticker Mule | Date [MM/DD/YYYY] | \$ | |
| | | 8/7/2017 | | 135 |
| House # | Street Address | Description of Expenditure | | |
| 411 | Lafayette Street 6th floor | | | |
| City | State | Zip Code | | |
| New York | NY | 10003 | Campaign stickers | |
| To Whom Paid | Raise the Money Inc. | Date [MM/DD/YYYY] | \$ | |
| | | 8/22/2017 | | 49.25 |
| House # | Street Address | Description of Expenditure | | |
| | P.O. Box 26466 | | | |
| City | State | Zip Code | | |
| Little Rock | AR | 72221 | Processing fee for online donations | |
| To Whom Paid | Erie Times News Publishing Company | Date [MM/DD/YYYY] | \$ | |
| | | 9/25/2017 | | 240 |
| House # | Street Address | Description of Expenditure | | |
| 205 | West 12th Street | | | |
| City | State | Zip Code | | |
| Erie | PA | 16534 | Newspaper advertisement for meet and greet | |
| To Whom Paid | Signs on the Cheap | Date [MM/DD/YYYY] | \$ | |
| | | 10/2/2017 | | 296.31 |
| House # | Street Address | Description of Expenditure | | |
| 11525 | Stonehollow Dr., Suite 100 | | | |
| City | State | Zip Code | | |
| Austin | TX | 78758 | Campaign yard signs | |
| To Whom Paid | Office Max | Date [MM/DD/YYYY] | \$ | |
| | | 10/3/2017 | | 50.88 |
| House # | Street Address | Description of Expenditure | | |
| 905 | Millcreek Plaza | | | |
| City | State | Zip Code | | |
| Erie | PA | 16565 | Pamphlet photo copies | |

SCHEDULE III
Statement of Expenditures

| | |
|-------------------------------------|------------|
| Filer Identification Number: | 81-5055768 |
|-------------------------------------|------------|

| | | | | | | | |
|---------------------|-------------|-----------------------|-----------------|-----------------|-----------------------------------|----------------------------------------|--------|
| To Whom Paid | | Raise the Money Inc. | | | Date [MM/DD/YYYY] | \$ | 24.75 |
| | | | | | 10/5/2017 | | |
| House # | | Street Address | P.O. Box 26466 | | Description of Expenditure | | |
| City | Little Rock | State | AR | Zip Code | 72221 | Processing fee for online donations | |
| To Whom Paid | | Raise the Money Inc. | | | Date [MM/DD/YYYY] | \$ | 12.5 |
| | | | | | 10/16/2017 | | |
| House # | | Street Address | P.O. Box 26466 | | Description of Expenditure | | |
| City | Little Rock | State | AR | Zip Code | 72221 | Processing fee for online donations | |
| To Whom Paid | | Sam's Club | | | Date [MM/DD/YYYY] | \$ | 115.67 |
| | | | | | 10/6/2017 | | |
| House # | 7200 | Street Address | Peach Street | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16509 | Food supplies for meet and greet event | |
| To Whom Paid | | Walmart Supercenter | | | Date [MM/DD/YYYY] | \$ | 25.73 |
| | | | | | 10/6/2017 | | |
| House # | 5360 | Street Address | West Ridge Road | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16506 | Supplies for meet and greet event | |
| To Whom Paid | | Office Max | | | Date [MM/DD/YYYY] | \$ | 69.96 |
| | | | | | 10/16/2017 | | |
| House # | 905 | Street Address | Millcreek Plaza | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16565 | Pamphlet photo copies | |
| To Whom Paid | | Pony Express | | | Date [MM/DD/YYYY] | \$ | 19.6 |
| | | | | | 10/18/2017 | | |
| House # | 1903 | Street Address | West 8th Street | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16505 | Postage | |
| To Whom Paid | | Raise the Money Inc. | | | Date [MM/DD/YYYY] | \$ | 2.7 |
| | | | | | 10/22/2017 | | |
| House # | | Street Address | P.O. Box 26466 | | Description of Expenditure | | |
| City | New York | State | NY | Zip Code | 72221 | Processing fee for online donations | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| | | | | | | | |
|-------------------------------------|--|------------|--|--|--|--|--|
| Filer Identification Number: | | 81-5055768 | | | | | |
|-------------------------------------|--|------------|--|--|--|--|--|

| | | | | | | |
|----------------------------|-----------------------|--------------------------------------------|--|----|------------------------------------|--|
| Name of Creditor | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | | |
| | | | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|----------------------------|-----------------------|--------------------------------------------|--|----|------------------------------------|--|
| Name of Creditor | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | | |
| | | | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|----------------------------|-----------------------|--------------------------------------------|--|----|------------------------------------|--|
| Name of Creditor | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | | |
| | | | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|----------------------------|-----------------------|--------------------------------------------|--|----|------------------------------------|--|
| Name of Creditor | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | | |
| | | | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|----------------------------|-----------------------|--------------------------------------------|--|----|------------------------------------|--|
| Name of Creditor | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | | |
| | | | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|----------------------------|-----------------------|--------------------------------------------|--|----|------------------------------------|--|
| Name of Creditor | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | | |
| | | | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |